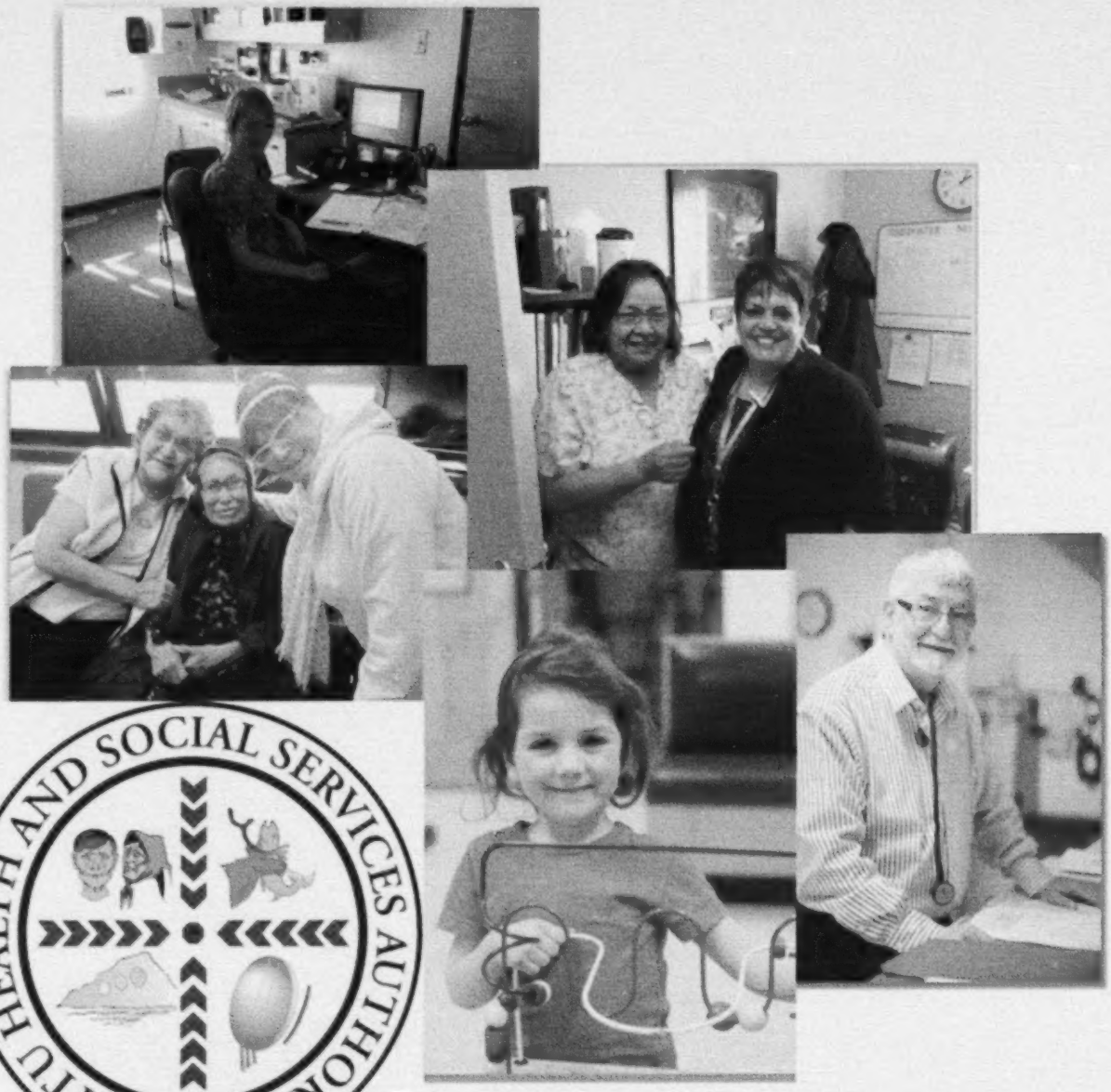

Sahtu Health & Social Services Authority

ANNUAL REPORT 2012-2013

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Sahtu Health & Social Services Authority
Vision, Mission & Values

VISION

People, families, and communities of the Sahtu are mentally, emotionally, spiritually, and physically healthy, and are strengthened by the Sahtu cultures.

MISSION

To work together with individuals, families, communities, and partners to promote, maintain, and enhance the physical, mental, and social health of the people in the Sahtu, acknowledging the importance of personal spirituality to holistic health.

VALUES

Respect - We respect people, differences of culture, tradition, values & privacy.

Honesty & Openness - We serve by being honest and open, striving to earn the trust of the people we serve.

Commitment to Education - We embrace both traditional and modern methods of education and learning, and recognize the importance of educating ourselves and the people we serve.

Continuous Improvement -We continuously seek ways to improve the ways we do things in our control, and meet or exceed national standards in all areas of operations and service delivery.

Safety - We seek to keep the people we serve and our employees safe.

Creativity - We recognize there are many roads to reach a destination. We focus on the outcome even if we have to deviate from the normal path to get there.

Service- We serve with compassion, the people and our staff in the Sahtu.

Board of Trustees L to R: Alphonsine McNeely, Florence Barnaby, Patricia Kyle (CEO), Margaret McDonald, Alvin Orlias, Nicole Peter, Helen Squirrel
Missing: Danny Bayha

Chair	Vacant
Vice Chair/Tulita Trustee	Helen Squirrel
Colville Lake Trustee	Alvin Orlias
Deline Trustee	Danny Bayha
Fort Good Hope Trustee	Florence Barnaby
Norman Wells Trustee	Margaret McDonald
Elder Representative	Alphonsine McNeely
Youth Representative	Nicole Peter

Sahtu Health and Social Services Authority experienced a year of change. We said goodbye to our Chair, Gina Dolphus, participated in governance training, connected as a Board and provided oversight for system improvements activities.

On behalf of the Board of Trustees, I want to thank Gina Dolphus for her three years of service to the Sahtu Health and Social Services Authority. Gina has always been an advocate for improved client care, and women's and social justice issues in the Sahtu and across the Health and Social Services system.

Four members of our Board of Trustees and our CEO participated in a five day governance training program that provided tools for implementing a culturally grounded governance model and decision-making process. Bringing forward community and regional concerns is a key part of our regular Board Meetings. During 2012-2013, the Board of Trustees met four times and the Chair participated in three Joint Leadership Council (JLC) meetings. Topics discussed and addressed at the meetings included enhancing prevention and promotion programs, Child and Family Services, Board governance, budget, and employee safety. I want to thank Florence, Margaret, Alvin, and Danny for bringing community concerns to the table so together we can find solutions; Alphonsine, for bringing the concerns of our Elder's forward so we can address their unique issues, and to Nicole, for being the voice of our Youth so their concerns can be heard.

The Board of Trustees wishes to thank the front line staff for your care and compassion in serving our clients and communities. Thank you to our Senior Management Team for your ability to find creative solutions which allows the SHSSA to offer a wide range of services to meet our clients' needs. To the staff behind the scenes, your contribution does not go unnoticed. We value what you do and you are an integral part of how we function as an organization. Mahsi Cho everyone, SHSSA is stronger through each of your contributions.

SHSSA will continue to evolve to meet the changing needs of the Sahtu. The Board is dedicated to addressing the concerns of our communities and committed to working with our leaders to expand programs and services. We encourage our staff to reach out to the community, become involved, and to be visible so we can respond to our communities' needs and be sure that each person receives the care they need.

Mahsi,

Helen Squirrel,
Acting Chair
Sahtu Health and Social Services Authority

Chief Executive Officer Patricia Kyle in Tulita

The strength of our services is measured by the strength of our relationships with clients, families, communities, organizations, and governments. Through partnerships and education, we strive to improve services for residents of the Sahtu at home and when they travel out for care.

During the past year, we have worked at strengthening our relationships with others. Throughout our Annual Report there are highlights of how we have worked with others to learn more about our community and employee needs, and in turn worked towards improving how we operate.

Change has been a common word in our conversations and we were moved to adapt our programs and services. Activities such as the Fort Good Hope Cancer Sharing Circle, Community Wellness Engagement Project, Mental Health First Aid Training, and the Employee Safety Workshops met the goals of our strategic plan and taught us important lessons.

Our accomplishments could not have been achieved without the support of our Board of Trustees, partnerships with the Department of Health and Social Services, a creative Senior Management Team, collaboration with Community Leadership, the dedication of front-line staff, and the voice of Sahtu residents.

We look forward to continued growth at Sahtu Health and Social Services Authority. We are committed to providing quality care, services, and programs. As our relationships continue to grow, we can only get better, and it is with great anticipation, we see where this journey will take us.

Mahsi,

Patricia Kyle,
Chief Executive Officer
Sahtu Health and Social Services Authority

Services to Clients:

We have Identified demands for services, and deliver core programs close to home, using a team approach and good case management.

Mental Health in the Sahtu

Mental Illness impacts all of us – families, neighbours, co-workers, and communities. In Canada, 1 in 5 adults (20%) will suffer a mental disorder in their lives. Anxiety and depression are the most common. While most people with a mental illness are able to lead fulfilling lives with support and treatment, few adults seek care from a health professional.

As well, adults with a diagnosed mental disorder, especially substance abuse or depression, are at higher risk for suicide. Sahtu residents have told us that we need to do more to address mental health concerns.

SHSSA staff participated in Train the Trainer sessions offered by the Department of Health and Social Services (DHSS) so that we could deliver Mental Health First Aid (MHFA), and Applied Suicide Intervention Skills Training (ASIST) in the 5 Sahtu communities. The MHFA program's goal is to improve mental health literacy, and provide the skills and knowledge to help people better manage potential or developing mental health problems in themselves, a family member, a friend or a colleague. ASIST training is for caregivers who want to feel more comfortable, confident, and competent in helping to prevent the immediate risk of suicide.

MHFA training has been delivered to SHSSA staff, including nurses, counsellors, home support workers, social workers, and clerks in Norman Wells, Fort Good Hope, and Deline. SHSSA staff in Norman Wells, Deline and Tulita, as well as teachers in Tulita have received ASIST training. Approximately 60 people in our region have participated in these two-day, highly interactive, practical, skills-based workshops - 14 in MHFA and 46 in ASIST.

Based upon the program evaluations that we have received from participants, people are extremely grateful for this training, enjoyed their time in the workshops, and believe that they are better able to support a person with thoughts of suicide and/or with a mental health problem. SHSSA will continue making MHFA and ASIST training available in the communities for both staff and community members.

The five Mental Health & Addictions Counselors in the Sahtu, From L to R: BeAnna Lynne, Allison Rew, Gloria Miller, Charlotte Hannah and Michael Wood

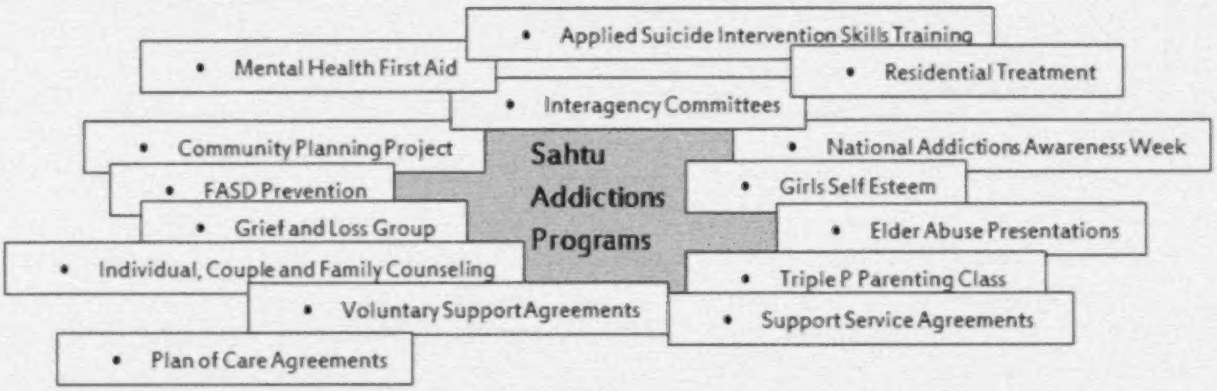
A Challenge Ahead

It's no secret that addictions are a concern throughout our region, and that addictions bring forth other problems such as family violence, strained relationships and health concerns. The Northwest Territories (NWT) has a higher than average rate of alcohol use as well as higher reported incidents of associated problems. In the NWT, 64% of all residents age 15 and older consume 5 or more drinks more than once a month and 25% engage in heavy drinking at least once each week. Drug use is also increasing, with 24% of NWT residents trying an illicit drug (cocaine, crack, speed, ecstasy, heroin) at least once in their lifetime.

The impact of alcohol use is the primary reason client's see one of our Mental Health and Addictions Counselors and/or one of our Community Social Service Workers. Childhood trauma and family violence follow closely behind.

During 2012-13, 50 children and their families received services from our Social Workers. The majority, 94% of services offered, were voluntary. Thirty-three children remained in their family home, 7 were placed with a relative or friend, 5 accessed residential treatment programs, and 4 were supported with room and board. A Social Worker's primary role is to support families and increase wellness by offering a wide range of services such as counseling, respite care, referrals to treatment programs, and parenting classes. With this approach, we were able to support and protect children and their families while they focused on working through their challenges.

This is just one of our core programs that are available to support wellness. SHSSA Counselors and Social Workers, in collaboration with community organizations and other health professionals, provide a range of services to support individuals, families, and communities struggling with addictions and their impacts.



NIC Conference from L to R: Marilyn Bomersine, Nicola Brouillette, Carol Amirault, Joanne Burtt, Patricia Soloway, Joan Peddle, Wendy Flood, Emma Strobell, Kaebri Ziolkowski, Angela Keats

Community Health and Wellness

Sahtu Health and Social Services Authority (SHSSA) offers a range of prevention and intervention programs and activities and all of our employees play a role in supporting the health and wellness of Sahtu residents. Our Community Health Nurses and Physicians provide care and education for chronic, acute, and urgent medical conditions, our Community Social Service Workers advocate for and support families and their children in need, our Mental Health and Addictions Counselors work with individuals and families who are struggling with addictions and trauma, our Home Support Workers provide personalized care for clients to maintain independence in their home, our Clerks play a key role in medical travel and organizing our Health Centres, our Caretakers are our infection control specialists and x-ray technicians, and our Prevention and Health Promotion Workers facilitate information and education sessions regarding health and wellness topics. SHSSA programs and services could not happen without the support of our community, regional and territorial partners, as well as SHSSA's finance and senior management team. An interdisciplinary team approach to care ensures that clients have access to a variety of co-ordinated services to meet their needs.

Primary Health Concerns in the Sahtu

We have learned that visits to our Health Centres, especially for urgent care, are increasing. We are concerned with the increase in urgent care needs and are examining how we can address this trend. As well, through our Community Health data collection process we have discovered that the top six reasons for clients visiting the Health Centre are:

- Hypertension (high blood pressure)
- Diabetes
- Respiratory Infections
- Wound Management (discharge from hospital, suturing)
- Skin Infections (impetigo, scabies, eczema)
- Screening Tests (tuberculosis, colon cancer, cervical cancer, breast cancer, heart disease, diabetes, cholesterol, sexually transmitted infections)

SHSSA strives to address these concerns through an interdisciplinary approach and uses this information to assist with program planning and allocating resources.

Our team offered a variety of health prevention, education and intervention activities throughout the year to support clients in meeting their health concerns.

Addressing Primary Health Concerns in the Sahtu

Diabetes

- Visiting Dietician
- Diabetes Nurse Educator
- Diabetes Self-Management Project
- Sugar Shocker
- Screening Test

Hypertension

- We Cook, You Cook
- Armchair Yoga
- Anti-Tobacco
- Well-Adult
- High Blood Pressure Screening
- Cholesterol

Respiratory Infection

- Flu Shot Program
- Hand washing Presentations
- Infant Immunizations
- TB Screening

Wound Management

- Home Visits-Community Health Nurses and Physicians
- Sick Clinic
- Home Care Workers

Skin Infections

- Dermatologist
- Epidemiologist
- Chief Public Health Officer-Clinical Practice Guidelines

Screening Tests

- Colon Cancer-FIT Test
- Cervical Cancer-PAP Tests
- Breast Cancer-Mammogram
- TB Screening
- STI Screening

Healthy Food from a WE Cook YOU Cook Event

Display from a Sugar Shocker event used to educate Sahtu Residents

Diabetes Programming

This year we were involved in three initiatives to support our clients living with diabetes. Through the Aboriginal Diabetes Initiative we were able to hire a Diabetes Nurse Educator and Dietician to travel to each community, with funding from Nutrition North we were able to facilitate healthy foods demonstrations, and in partnership with the Department of Health and Social Services we participated in a diabetes self-management pilot project.

The Nurse Educator and Dietician facilitated education sessions for staff, counselled diabetic clients, and provided group healthy life style sessions at schools and in the community. In addition, they integrated their process with the client self-management pilot project in Norman Wells. Self-management is a process where the client learns to direct their own health care needs in consultation with a health care professional. This allows for more effective health care management by improving quality of life and reducing the effects of chronic disease. Clients tell us that they like this new process where they can achieve more control of their disease.

To complement the diabetes teaching and education programs, our Prevention and Health Promotion Workers facilitated We Cook, You Cook healthy eating demonstrations. There were over 25 events hosted in all of our communities with participation ranging from 6-30 people. The events included hands-on cooking lessons and education about healthy food choices. Our hope is that with information and support from health professionals, participants will not only realize changes in their own lives, but share them with family and friends.

Diabetes Statistics

NWT Overall Diabetes Stats: 37.7% per 1000 people or 3.8%

Sahtu Overall Diabetes Stats: 27.3% per 1000 people or 2.7%

Communication:

We excel at two-way active communication with clients, staff, stakeholders and partners in support of relationship building, dialogue and health promotion.

Community Health Nurses from L to R: Trephena Skinner and Lynn Williams

Community Wellness Planning Engagement Project

Community Wellness Plans are an opportunity for communities to decide where wellness funding should be allocated, as each community has different and unique needs. The project moves away from single year project-by project funding to flexible multi-year funding. Based on their Community Wellness Plan, communities may receive funding in three different categories; Health Living and Disease Prevention, Healthy Child and Youth Development, and/or Mental Wellness and Addictions. This is a change from the previous system as communities no longer have to apply through seven separate programs.

Every community in the Sahtu received funding from the Department of Health and Social Services (DHSS) to develop their Wellness Plans. Consultations with community members, Elders, Youth, and Leadership occurred in each community. SHSSA staff participated in and helped facilitate some of the sessions.

Two Wellness Planning Workshops were hosted in Norman Wells; one in November 2012 where 15 participants attended with all communities having representation, and the second workshop in March of 2013 where 12 participants attended all with community representation as well.

Deline, Fort Good Hope, Tulita, Colville Lake and Norman Wells submitted a Wellness Plan to the DHSS. SHSSA looks forward to collaborating with everyone on wellness initiatives.

Youth attending a Community Wellness Workshop

Enhanced Home Care Programming

We were fortunate to access extra funding this year to enhance our home care program. With the funding, we partnered with the K'asho Got'ine Charter Community, provided additional services in Deline, and organized a Home Support Worker Conference for Sahtu employees.

SHSS entered into a contribution agreement with the K'asho Got'ine Charter Community to provide an Elders Day Program in Fort Good Hope. The goal of the program was to reduce feelings of isolation and loneliness, promote overall well-being, and maintain independence. Proposed activities included transportation and support to attend community events, outings such as berry picking and fishing, physical activity programs, presentations and information sharing, storytelling, nutritious snacks, light housekeeping, and individual support as needed to attend appointments.

Three Elder-care Support Workers were hired to assist Elder's in their home as well as participation in community events. The Elder-care Workers met with SHSSA Home Support Workers for planning purposes. Twenty-four Elders participated in the program and expressed that they were very happy with the caring and support they received. Our goal is to apply for funding to continue this valuable partnership.

In Deline, we hired a full-time Community Health Nurse and extended our Home Care Worker hours for 4 months. The clients received more comprehensive home care, resulting in an increase in quality of living, while remaining in their own homes. This included evening and weekend care. The Enhanced Home Care program in Deline provided needed support to clients with complex chronic diseases who may transition into Respite Care or Long Term Care. This was needed so that Elders could remain in the community longer with higher care needs. Hospitals are releasing clients with complex treatment to continue at home (i.e. wound care and IV medication therapy).

Sahtu Home Care staff participated in a conference in Yellowknife, through the GNWT Continuing Care Program, in October 2012. This support helped staff increase their knowledge in best practice standards and network with Home Care Workers throughout the NWT. They also participated in a Sahtu Home Support Worker Conference in Deline that included Elders in Motion training, infection control, and time to honour those who have passed away.

SHSSA has applied for funding through Enhanced Home Care to continue and expand this valuable work.

Hand Washing Challenge from L to R: Manager, Health Services Marilyn Bomersine with Home Support Worker Beverly Manuel

Primary Community Care Workers in Colville Lake from L to R: Trudy Kochon & Sharon Tutcho

Health Promotion:

We take pride in educating the public to take the initiative to live healthy, stay active and take control of their health in order to improve the overall health of the people in the Sahtu.

The Cancer Sharing Circle in the Fort Good Hope

Fort Good Hope residents have been affected by the top four cancers in the NWT – colorectal, breast, lung, and prostate cancer. Requested by community members and funded by the Department of Health and Social Services (DHSS), a Community Cancer Sharing Session was held in Fort Good Hope on June 18 and 19, 2012. There were numerous contributors to the success of the sharing circle including community members of all ages, leadership, health care providers, caregivers, Band staff, Land Corporation staff, DHSS staff, and most importantly cancer survivors.

Facilitators from the Saint Elizabeth Foundation created an environment that encouraged dialogue and open discussions on cancer in a manner that was culturally safe and meaningful for participants. Not only was there important conversations and information shared amongst participants, but there was time allotted to have fun through games and energizers to keep participants moving and laughing. It was important to bring joy back into the room as cancer can be a difficult topic to discuss.

The sessions began with a community supper. Once the dinner was done, the sharing circle began with participants introducing themselves, outlining what they wanted to accomplish during the 2-days, and discussing what a healthy community looks like.

The second day began with an information session and discussion on what cancer is risk factors, Fort Good Hope and Sahtu cancer data, cancer warning signs, and cancer prevention. Throughout the day, participants broke into groups and sharing circles that were both structured and light-hearted.

The groups discussed community gap along the cancer pathway: prevention, screening, diagnosis, treatment, survivorship, and palliative care. Everyone was involved including children from the community who shared their thoughts by creating a mural of a healthy community.

A common theme throughout the sharing session was a sense of fear, anger, hopelessness, and the grieving of the loss of loved ones to cancer. Participants shared their thoughts and knowledge about the causes of cancer, how to deal with a cancer diagnosis, cancer prevention, and how to help those affected by cancer. Through these discussions, participants formulated solutions and opportunities for change in the community. Action items such as cancer awareness, prevention activities, healthy eating, and an increased sense of community were ideas that could be implemented immediately.

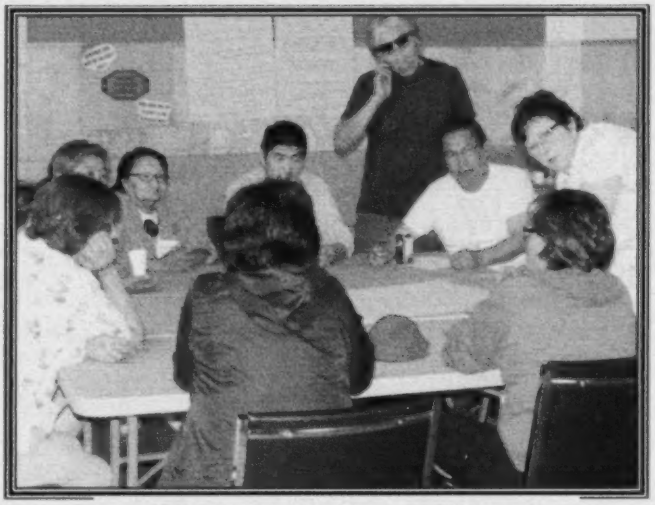
With 32 to 60 participants at any given time, the cancer sharing session was a success. Residents embraced the opportunity to come together on a sensitive topic and develop a new understanding towards an issue that has impacted everyone in the community. As a result, cancer sharing sessions are being considered for all communities across the Northwest Territories.

Changes made since the Fort Good Hope Cancer Sharing Circle

The stories and experiences shared at the Cancer Sharing Session provided guidance for SHSSA program and service improvements. Immediately after the Sharing Sessions, we looked at changes we could implement to address community needs. Changes included:

- Letters sent to residents who are eligible for cervical cancer and colon cancer screening tests
- Colon cancer screening test (FIT Test) offered to any eligible client who comes to the Health Centre for an appointment
- Mammogram education session (February 2013)
- Residents returning home from cancer treatment are assessed for short-term home care services
- Cancer care/palliative care training for Home Support Workers through the Saint Elizabeth Foundation
- Palliative care training for community members February 2013)
- Dedicating funding for a Community Health Representative position in 2013-14
- Increasing community awareness about palliative care services and grief counseling provided by staff at the Health Centre

The Department of Health and Social Services and the Saint Elizabeth Foundation created a Cancer information booklet as well as having the information translated in North Slavey on CD. Booklets and CD's were shared with organizations and community members.



Participants in the Fort Good Hope Cancer Sharing Circle

Children Participating in the Fort Good Hope Cancer Sharing Circle

The local radio station began broadcasting reminders for cancer testing as well as having Elder's share their cancer survival stories, giving a first-hand perspective of the problems to overcome when faced with cancer.

Our goal for 2013-14 is to continue the work we began with our partners in Fort Good Hope and implement what we learned throughout the Sahtu.

Technology:
We use technology for better client outcomes and operational efficiency.

The SHSSA's new way to order and track inventory!

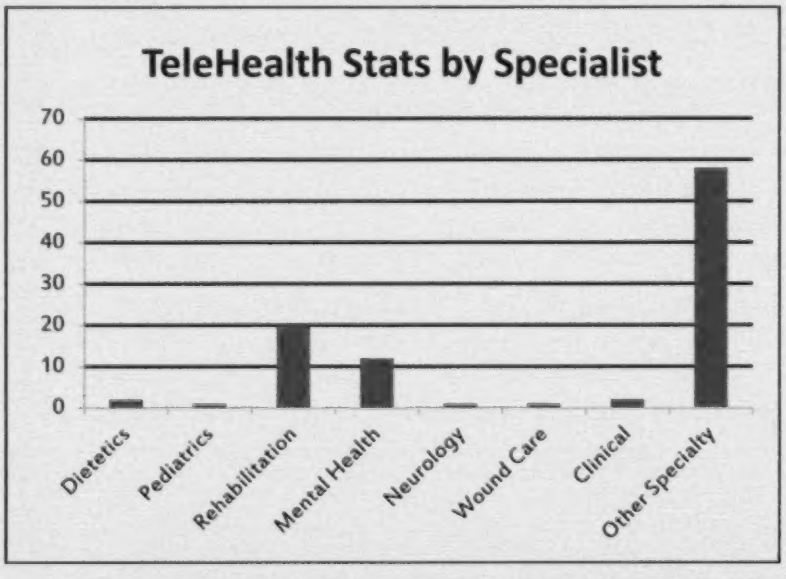
The new software system being implemented will automate and standardize the ordering process of inventory, as well as provide immediate access to current levels of all the medical supplies in all of our health centres. This increases accountability and control, as well as the ability to track supplies, lot numbers and expiry dates of our entire inventory. This streamlined ordering system is based on a minimum and maximum re-order quantity calculated by 'counts' which will be done by health centre staff on a periodic basis using a handheld scanner. It is expected that this process will reduce inventory levels and wastage, and eliminate most unforeseen shortages. Having a standardized formulary and automated reorder quantity for medical supplies will regulate the inventory quantities which in turn will reduce freight costs and be a time saving measure for the health centre staff.

An independent company assisted SHSSA in compiling and standardizing the formulary and initial set-up of the inventory, vendor information and reorder quantities. SHSSA staff collaborated with the company to design and test the prototype software and scanning system.

TeleHealth in the Sahtu

TeleHealth is a great communication tool that the SHSSA often uses. Through the use of cameras similar to a "webcam" it allows health practitioners to communicate with clients (i.e., specialist appointments), each other, and for training purposes.

The use of technology to access Specialists is growing. During 2012-13, Sahtu residents used TeleHealth to access rehabilitation services, mental health, eye care and other required specialists.



As mentioned above, TeleHealth is used by clients when needing to see a specialist pertaining to a certain health problem or concern. This year TeleHealth was utilized primarily for rehabilitation and mental health services. 'Other Specialty' services included eye care and physiotherapy.

Safety and Security:

Clients and staff of SHSSA are safe and injury free in their professional relationship with each other and in their daily lives.

Community Health Nurse: Jennifer Snodgrass and Health Centre Clerk Selina Ritias demonstrating X-ray equipment

Risk Management

The foundation of SHSSA's Risk Management Program is a long term strategic commitment to ensuring and improving client and staff safety. The commitment to safety begins with building a culture of safety in the organization's administration and among the Staff that serve the public. To SHSSA, building a culture of safety means creating a work environment where patient and staff safety must always be considered a top priority. Developing a culture of safety also means establishing a work environment where employees feel secure from blame in order to report and help address incidents. Finally, building a culture of safety means an organization that is committed to developing systems and making improvements to protocols, policies and facilities in order to ensure client and staff safety.

A major part of day to day work in the Risk Management Program is devoted to addressing incidents. Incidents are unusual or unexpected events that occur at SHSSA facilities and/or involve staff and clients. There is a wide variety of possible incidents. Incidents can be anything from a patient receiving the wrong medication in the mail, to a verbal assault against a homecare worker, to the flooding of a health centre. Our goal with this part of our Risk Management Program is to be aware of the incidents as soon as possible after they occur and to address them in a timely and strategic manner in order to reduce any negative impacts to clients, staff and the organization.

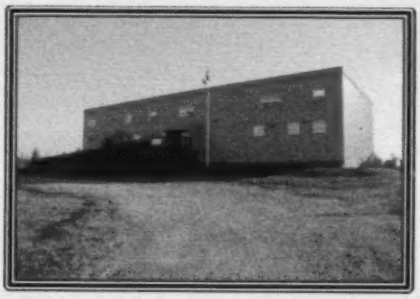
During 2012-13, SHSSA staff across the region reported a total of 90 incidents. That total is down from the previous year's total of 119. The most frequent and serious incidents reported were those concerning the safety and security of our staff members and facilities. In response to this trend and to growing concerns being voiced by staff members about abusive and potentially violent interactions with clients, SHSSA provided a personal safety course to all of its employees, conducted a security assessment on all of its facilities, and directed a full review of all its organizational policies related to workplace safety. For 2013-14 our goal is to begin implementing the teachings from the course and the recommendations from the facility assessment.

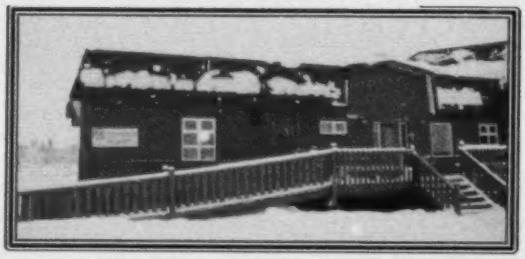
Auditing the administrative systems used by frontline staff during the provision of services to the public is another important part of SHSSA's Risk Management Program. Last year, 55 medical charts were audited in order to determine completeness and compliance to charting standards. Furthermore, 105 program charts were audited to determine whether Clients were being properly served in the Well Adult, Well Child, Pre-Natal,

Post -Natal and Neo Natal programs. The Narcotics Registry was also audited twice last year. The results from these Audits are analyzed and then shared with the Nurses in Charge and the Community Health Nurses. The analysis provides a means to better understand where to make improvements to the systems and services, while sharing the information helps to ensure safe, quality care.

Receiving client complaints and concerns is another important tool used by SHSSA to evaluate and improve services. For 2012-13, most complaints and concerns voiced by the public involved decisions made regarding medical travel and Non-insured Health Benefits (NIHB) services, primarily dental. While these services are administered at a Territorial or Federal level, SHSSA was and continues to be committed to advocate on behalf of its clients to get the best possible care. Some of the other complaints involved possible client privacy breaches and impolite or unhelpful staff. SHSSA addresses each and every complaint with both the complainant and the employees involved in the incident. The goal is to obtain resolution with the particular issue, as well as to prevent the incident from re-occurring if possible.

Finally this past year, SHSSA began developing a preventative component to its Risk Management Program. The project's two main objectives are to reduce the number of incidents, and to reduce the negative impact of incidents on clients, staff and the organization. The project aims to identify all of the possible risks facing the organization, as well as each risk's corresponding mitigation strategy. Once catalogued, SHSSA will be better able to analyze its highest risks, determine the strength of its current mitigation strategies, and most importantly, make better informed decisions on where resources need to be allocated to address weaknesses.



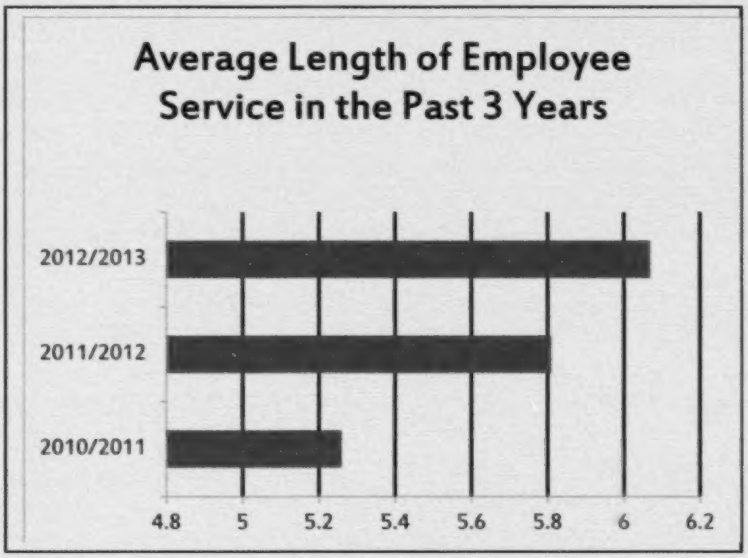


The five Health Centres in the Sahtu from L to R: Cassien Edgi Health Centre, Dora Gully Health Centre, Monica Loomis Health Centre, Harriet Glaude Health Centre and the Colville Lake Health Centre

Recruitment and Retention:

Sahtu Health & Social Services Authority is optimally staffed with a stable and healthy workforce.

Administrative Assistant Ida Lennie at SHSSA Main Office



SHSSA's commitment to service is exemplified by those we hire. Staff selection is not based solely on education or job-specific skills, but also personal attributes such as flexibility, team-work, and creativity. SHSSA's employee retention rates have consistently increased over the past three years. Since 2010 we have seen our average length of service grow from just over 5.2 years to over 6 years in 2013. This increase means that our staff feels safe, appreciated, and supported in their positions and it is a clear indication that we are a vibrant organization who employs a healthy team of professionals.

Employee Training

Commitment to Education and Continuous Improvement are two of the values that guide Sahtu Health and Social Services Authority. We want to ensure that our employees have access to continuing education programs to enhance service delivery. Continuing Education not only includes mandatory training such as mask fitting, WHIMS, First Aid and CPR, but other on-site training such as SHSSA's Personal Safety Course, Applied Suicide Intervention Skills Training, and Mental First Aid.

Our health care professionals have access to a Department of Health and Social Services (DHSS) funded program called the Professional Development Initiative (PDI). This funding allows our staff to obtain training and education to enhance their skills in providing health and social services programs. In addition, SHSSA has an Education Career Development Program (EDCP) policy, which provides financial support for all of SHSSA long-term employees' career development plans. SHSSA sees continued education for our employees as one of the contributing factors to our employee retention success.

Sustainability:

Because we have excellent management systems, we are able to make the business case to secure funding for the services our clients require.

Finance Team at SHSSA Main Office from L to R: Art Bungay: Director, Finance & Administration, Paula Spencer: Systems Accountant & Norm Colbeck: Finance Officer

This Year's Financial Challenges

SHSSA staff managed various financial trials during the year, and still came in at near a breakeven position. Significant financial pressure came from an increase in home care needs, both in Tulita and Deline. In Deline, it was necessary to hire a full-time Community Health Nurse and additional Home Care Workers to provide the appropriate care for our clients. SHSSA was able to mitigate the situation by hiring staff to work evenings and weekends rather than taxing our existing staff and paying further overtime. The Manager, Health Services was able to get extra funding to pay for most of the additional staff.

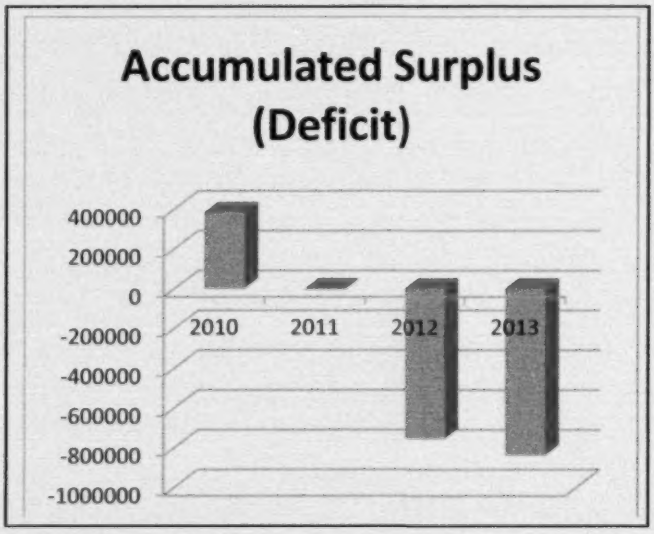
In Tulita, we were able to provide the necessary care with the existing staff but with an increase in the number of hours worked. In Tulita, it also appears that exploration activity is having an impact on the demand for services.

Staff safety became a high priority in 2012-13. Administration provided safety training and additional staff support to address this issue. This had a negative impact on the financial well-being of the Authority.

The current year's deficit would have been significantly larger if it had not been for staff vacancies in Prevention and Health Promotion. Prevention and Health Promotion is in the midst of a re-organization with current positions being transitioned into Healthy Families and Community Wellness Worker and Community Health Representative positions.

Once this re-organization is complete we are expecting our staff levels to surpass our historical average of approximately 80% to near 87%. Our success in staffing and retention will allow us to maintain our current standard of service in an ever increasing demand environment and increasing service levels in health and community wellness promotion and prevention.

Senior management continuously searches for efficiencies. Yet, unless additional funding is found, we will not be able to balance our budget if our success in staffing and retention continues.



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Sahtu Health Social Services Authority

MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING

The accompanying financial statements have been prepared by management, which is responsible for the reliability, integrity and objectivity of the information provided. They have been prepared in accordance with Canadian public sector accounting standards, unless otherwise indicate in the notes to the financial statements. Where necessary the statements include amounts that are based on informed judgments and estimates by management, giving appropriate consideration to reasonable limits of materiality.

In discharging its responsibility for the integrity and fairness of the financial statements and for the accounting systems from which they are derived, management maintains the necessary systems of internal controls designed to provide assurance that transactions are authorized, assets are safeguarded and proper records are maintained. These controls include quality standards in hiring and training employees, written policies and procedures manuals, and accountability for performance within appropriate and well-defined areas of responsibility. The Authority's management recognizes its responsibility for conducting the Authority's affairs in accordance with the requirements of applicable laws and sound business principles, and for maintaining standards of conduct that are appropriate.

The Auditors annually provide an independent, objective audit for the purpose of expressing an opinion of the financial statements in accordance with Canadian generally accepted auditing standards. The auditors' also considers whether the transactions that come to their notice in the course of this audit are, in all significant respects, in accordance with specified legislation and directives from the Department of Health and Social Services, Government of the Northwest Territories.

Arthur Bungay, CMA
Director of Finance and Administration

June 28, 2013

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INDEPENDENT AUDITORS' REPORT

To the Minister of Health and Social Services Government of the Northwest Territories

Report on the Financial Statements

We have audited the accompanying financial statements of the Sahtu Health and Social Services Authority, which comprise the Statement of Financial Position as at March 31, 2013, and the Statements of Operations, Changes in Net Financial Resources and Changes in Financial Position for the year then ended. We have also audited the revenue and expenditures of programs funded through contribution agreements by the Departments of Health and Social Services which total $250,000 or more as listed in Schedule F.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation of these financial statements in accordance with Canadian public sector accounting standards and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion of the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion

The GNWT is responsible for the calculation and distribution of the salaries and wages that appear on the statement of operations, the accuracy of which is not susceptible to complete audit verification. We have satisfied ourselves that the payroll information provided by the GNWT was accurately reflected in the Agency's records.

Qualified Opinion

In our opinion, except for the matter described in the Basis for Qualified Opinion paragraph, these financial statements present fairly, in all material respects, the financial position of the Agency as at March 31, 2013 and the results of operations, net debt and changes in financial position for the year then ended in accordance with Canadian public sector accounting standards.

msi Avery Cooper is a member of MSI, an international association of independent professional firms

Report on Other Legal and Regulatory Requirements

We further report, in accordance with the Financial Administration Act, in our opinion, proper books of account have been kept by the Sahtu Health and Social Services Authority, the financial statements are in agreement therewith and the transactions that have come under our notice have, in all significant respects, been within the statutory powers of the Authority.

Avery, Cooper + Co.

Avery, Cooper & Co.
Certified General Accountants
Yellowknife, NT

June 28, 2013

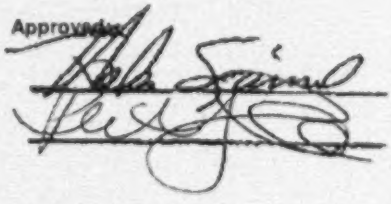
Sahtu Health & Social Services Authority

Statement of Financial Position

As of March 31, 2013

FINANCIAL ASSETS	2013	2012
Cash	312,764	356,137
Accounts Receivable	43,036	31,502
Accounts Receivable- GNWT	873,388	508,856
	1,229,188	896,495
LIABILITIES		
Accounts Payable	463,319	386,673
Accounts Payable- GNWT	482,256	312,513
Wages & Benefits Payable - GNWT	624,486	540,727
Employee Leave and payroll related Liabilities-GNWT (Note 3)	589,668	452,848
	2,159,729	1,692,761
Net Financial Assets/(Debt)	(930,541)	(796,266)
Non-Financial Assets		
Inventory (Note 6)	82,403	-
Prepaid Expenses	10,865	42,270
	93,268	42,270
Accumulated Surplus/(Deficit)	(837,272)	(753,996)

Approved by:



Chairperson

Chief Executive Officer

See the accompanying notes and schedules.

Sahtu Health & Social Services Authority

Statement of Operations

For the year ended March 31, 2013

	2013 Budget (unaudited)	2013 Actual	2012 Actual
REVENUE			
Territorial Operating Advance (Schedule A)	$ 11,739,000	$ 11,593,631	$ 10,752,420
Other Recoveries (Schedule B)	109,800	107,831	132,810
Other Revenues (Schedule C)	1,425,786	1,084,609	521,701
Non-insured Health Benefits (Schedule E)	164,900	245,663	198,202
Investment Revenue	18,000	16,460	22,135
	13,457,486	**13,048,194**	**11,627,268**
EXPENDITURES			
Administration (Schedule D)	1,550,905	1,473,701	1,421,148
Ambulatory Care Services (Schedule D)	931,000	785,631	794,062
Community Health Services (Schedule D)	7,954,906	7,955,664	7,194,334
Social Services (Schedule D)	2,585,440	2,492,326	2,315,773
Education (Schedule D)	270,335	178,486	28,291
Non-Insured Expenses (Schedule E)	164,900	245,663	198,202
	13,457,486	**13,131,471**	**11,951,810**
OPERATING SURPLUS (DEFICIT)	-	**(83,277)**	**(324,542)**
Unfunded Items			
Change in employee leave and termination benefits (Note 3)	-	136,820	23,393
ANNUAL SURPLUS (DEFICIT) Before the Following	-	53,544	(301,149)
Amortization of Building & Equipment	257,577	257,577	263,530
Grant-in-Kind - GNWT Assets provided at no cost	(257,577)	(257,577)	(263,530)
ANNUAL SURPLUS (DEFICIT)	-	**53,544**	**(301,149)**
Opening Accumulated Surplus	-	(753,996)	(4,556)
Prior Year's Adjusted Surplus transfer to DHSS		-	(424,898)
Closing Accumulated Surplus	-	(837,272)	(753,996)

See the accompanying notes and schedules.

SAHTU HEALTH AND SOCIAL SERVICES AUTHORITY